

From: Office OF Women's Health <owh@cdc.gov>

To:

Subject: June 2002 Women's Health Update from the CDC/ATSDR

Date: Fri, 28 Jun 2002 07:45:35 -0400

Save the Date!! CDC/ATSDR Women's Health Conference, October 7-9, 2002, Atlanta, Georgia.

<http://www.cdc.gov/od/spotlight/wmconf/index.htm>

What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at owh@cdc.gov.

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ARTICLES, REPORTS AND OTHER DOCUMENTS

1. Oral Contraceptives and the Risk of Breast Cancer
Women who took oral contraceptives at some point in their lives are no more likely to develop breast cancer between the ages of 35 and 64 than are other women the same age, according to findings from the National Institute of Child Health and Human Development (NICHD) Women's Contraceptive and Reproductive Experiences Study (Women's CARE). The study appears in the June 27 issue of the New England Journal of Medicine (NEJM). The analysis was conducted by CDC, colleagues at NICHD, and other research institutions around the country in order to determine whether current or former contraceptive use during the reproductive years increases breast cancer risk. The women studied are members of the first generation of American women to use oral contraceptives.

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020626.htm>

Abstract, NEJM Web site - <http://content.nejm.org/cgi/content/short/346/26/2025>

2. Summary Statistics From the National Survey of Early Childhood Health, 2000

This report presents statistics from the 2000 National Survey of Early Childhood Health (NSECH) on selected measures for children 4-35 months of age. The topics covered include usual source of care, parental perceptions of pediatric care, interactions with health care providers, family activities, home safety, parental and child health, financial welfare, and barriers to care. Some Findings: The proportion of children 4-35 months of age for whom breastfeeding was ever initiated is higher (79%) among those children whose mothers had greater than a high school education than among those children whose mothers were high school graduates (60% of these young children) or had less than a high school education (52%). About 32% of children in households where the mother is Hispanic go to community health centers or public clinics for care, compared with about 12% of children in households where the mother is white non-Hispanic. Approximately 55% of children 4-35 months of age have mothers who are employed either part-time or full-time. Forty-six percent of children 4-35 months of age have mothers who received post high school education. Thirty-four percent of these young children have mothers who are high school graduates only and 21% have mothers with less than a high school education. Most children 4-35 months of age (69%) have mothers who are married. Twenty-two percent of these young children have mothers who have never been married while about 9% have mothers who are divorced or separated. The NSECH is a random-digit-dial telephone survey of a national sample of young children 4-35 months of age. PDF document (3.4 MB) -

http://www.cdc.gov/nchs/data/series/sr_15/sr15_003.pdf

3. Prevention Effectiveness Fact Sheets

View fact sheets on three topics: Preventing Obesity and Chronic Diseases Through Nutrition and Physical Activity, Preventing Tobacco Use, and Preventing Dental Caries. Each fact sheet discusses the reality, costs, effective strategies or promising strategies, and state programs in action.

http://www.cdc.gov/nccdphp/pe_factsheets/index.htm

4. Few Women Regret Sterilization Procedures

Few of the women who undergo tubal sterilization or whose husbands undergo vasectomy later go on to regret either procedure, according to a study funded by the National Institute of Child Health and Human Development, NIH, and conducted by the CDC. The study appears in the June issue of *Obstetrics & Gynecology*. The study found the proportion of women who experience regret was essentially the same - about 6 to 7 percent - five years after their husbands' vasectomy or their own tubal sterilization. The study also found that substantial conflict between a woman and her husband increases the risk of regret after either vasectomy or tubal sterilization.

NIH Web site - <http://www.nih.gov/news/pr/jun2002/nichd-17.htm>

5. Guidelines for Preventing Opportunistic Infections Among HIV-Infected Persons - 2002

This fourth edition of the guidelines, made available on the Internet in 2001, is intended for clinicians and other health-care providers who care for HIV-infected persons. The goal of these guidelines is to provide evidence-based guidelines for preventing opportunistic infections (OIs) among HIV-infected adults and adolescents, including pregnant women, and HIV-exposed or infected children. Nineteen OIs, or groups of OIs, are addressed, and recommendations are included for preventing exposure to opportunistic pathogens, preventing first episodes of disease by chemoprophylaxis or vaccination (primary prophylaxis), and preventing disease recurrence (secondary prophylaxis). Major changes since the last edition of the guidelines include 1) updated recommendations for discontinuing primary and secondary OI prophylaxis among persons whose CD4+ T lymphocyte counts have increased in response to antiretroviral therapy; 2) emphasis on screening all HIV-infected persons for infection with hepatitis C virus; 3) new information regarding transmission of human herpesvirus 8 infection; 4) new information regarding drug interactions, chiefly related to rifamycins and antiretroviral drugs; and 5) revised recommendations for immunizing HIV-infected adults and adolescents and HIV-exposed or infected children.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5108a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/rr/rr5108.pdf>

6. HIV/AIDS Surveillance - General Epidemiology Slide Series

Slides include estimated incidence of AIDS and deaths of adults with AIDS; cases and deaths; cases by age and sex; estimated number of persons living with AIDS; estimated number of Asian/Pacific Islanders and American Indian/Alaska Natives living with AIDS; cases in adult/adolescent women by race/ethnicity per 100,000 population; cases in children; age at diagnosis; and others.

<http://www.cdc.gov/hiv/graphics/surveill.htm>

7. Births: Preliminary Data for 2001

This report presents preliminary data for 2001 on births in the United States. Data on births are shown by age, race, and Hispanic origin of mother. Data on marital status, prenatal care, cesarean delivery, and low birthweight are also presented. The number of births, the crude birth rate, and the fertility rate all declined slightly between 2000 and 2001. Teenagers were less likely to give birth in 2001; the teen birth rate continued to fall, dropping 5 percent between 2000 and 2001 to 45.9 births per 1,000 females aged 15-19 years, another record low. Birth rates for women aged 20-24 declined by 2 percent, whereas rates for women 25-44 years increased. Childbearing among women aged 40-54 years was stable. The birth rate for unmarried women decreased modestly to 44.9 births per 1,000 unmarried women 15-44 years in 2001, still remaining below the peak reached in 1994. The proportion of women who began prenatal care in the first trimester of pregnancy improved slightly to 83.4 percent, but the rate of

low birthweight held at 7.6 percent. The total cesarean delivery rate jumped 7 percent between 2000 and 2001 to 24.4 percent of all births, the highest level ever reported from this data source; the primary rate of cesarean deliveries rose 5 percent, and the rate of vaginal births after previous cesarean delivery tumbled 20 percent.

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020606.htm>
PDF document (1.3 MB) - http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_10.pdf

8. National Ambulatory Medical Care Survey: 2000 Summary

This report describes ambulatory care visits made to physician offices within the United States. Statistics are presented on selected characteristics of the physician's practice, the patient, and the visit. During 2000, an estimated 823.5 million visits were made to physician offices in the United States, an overall rate of 300.4 visits per 100 persons. Females made the majority of office visits during 2000. Both the visit percent as well as the visit rate for female patients were higher than for male patients in the age groups between 15 and 64 years. The most frequently cited examinations at office visits were skin (10.7 percent), visual acuity (7.3 percent), pelvic (7.2 percent), and breast (6.9 percent). Females were more likely than males to have their blood pressure checked at office visits, but the 2000 data show that there were a higher proportion of x rays ordered or provided at visits by males than by females. Also, females were more likely than males to have an ultrasound mentioned at office visits. In 2000, 89.8 percent of office visits with face-to-face contact between the physician and patient had a duration between 6 and 30 minutes in 2000. Overall, the mean time spent with a physician was 18.9 minutes.

News Release - <http://www.cdc.gov/nchs/releases/02news/physician.htm>
PDF document (1.3 MB) - <http://www.cdc.gov/nchs/data/ad/ad328.pdf>

9. Flu Season 2002-03

The Advisory Committee on Immunization Practices (ACIP) has published their recommendations for the Prevention and Control of Influenza for the 2002-03 flu season. These recommendations include the optimal timing for high risk groups and for those who are not at risk of complications from the flu. The special needs of young children for the flu vaccine have also been addressed.

<http://www.cdc.gov/nip/Flu/default.htm>

10. Abortion Surveillance---United States, 1998

This report summarizes and reviews information reported to CDC regarding legal induced abortions obtained in the United States in 1998. In 1998, 884,273 legal induced abortions were reported to CDC, representing a 2% decrease from the 900,171 legal induced abortions reported by the same 48 reporting areas for 1997. Women undergoing an abortion were likely to be young (i.e., age <25 years), white, and unmarried; slightly more than one

half were obtaining an abortion for the first time. Of all abortions for which gestational age was reported, 56% were performed at <8 weeks of gestation, and 88% were performed before 13 weeks. Overall, 19% of abortions were performed at the earliest weeks of gestation (<6 weeks), 18% at 7 weeks, and 19% at 8 weeks. The availability of information about characteristics of women who obtained an abortion in 1998 varied by state and by the number of states reporting each characteristic. The total number of legal induced abortions by state is reported by state of residence and state of occurrence; characteristics of women obtaining abortions in 1998 are reported by state of occurrence.

Fact Sheet - <http://www.cdc.gov/od/oc/media/pressrel/fs020606b.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5103a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/ss/ss5103.pdf>

UPCOMING CDC CONFERENCES

11. 2002 Data Users Conference, July 15-17, 2002, Washington, D.C.

The conference will be held at the Omni Shoreham Hotel in Washington, DC, on July 15-17, 2002. You and other health data users will have the opportunity to meet and to discuss National Center for Health Statistics (NCHS) data collection, analysis, and dissemination activities. The 3-day conference will feature sessions on NCHS data systems and on topics of current interest. This year's meeting will also feature a series of interactive workshops on selected NCHS datasets as well as small group discussion sessions on health topics, data issues, and ways to improve NCHS products and services. Data users new to NCHS will have the opportunity to attend an overview session designed to introduce the range of NCHS data systems.

<http://www.cdc.gov/nchs/events/2002duc/invitation.htm>

12. First National Conference of the National Center on Birth Defects and Developmental Disabilities, September 17-19, 2002, Atlanta, GA.

The theme for the conference is "Honoring the Past and Framing the Future."

<http://www.cdc.gov/ncbddd/conference.htm>

13. CDC/ATSDR Women's Health Conference, October 7-9, 2002, Marriott Marquis Hotel, Atlanta, GA. The theme of the conference is "Advancing the Health of Women: Prevention, Practice and Policy". In this 2½ day conference, general and concurrent sessions will provide opportunities to expand your knowledge on women's health issues and increase your effectiveness in helping women live healthier lives.

<http://www.cdc.gov/od/spotlight/wmconf/index.htm>

14. National Asthma Meeting: Living Well with Asthma, October 23-25, Atlanta, GA

This CDC-sponsored meeting is open to all and will provide a forum for (1)

increasing knowledge about asthma prevention and control, (2) providing guidance on establishing and maintaining an effective asthma surveillance and intervention program, (3) interacting with colleagues from across the country, and (4) assessing future directions for CDC's asthma and respiratory activities.

<http://www.cdc.gov/nceh/airpollution/asthma/2002mtg.htm>

15. 8th Annual Maternal/Child Health Epidemiology Conference, December 11-13, Clearwater Beach, FL

Maternal and Child Health (MCH) Epidemiology conference organizers invite you to join MCH professionals in sharing experiences, enhancing knowledge, and generating new ideas for improved MCH data use and informed policymaking.

http://www.cdc.gov/nccdphp/drh/02_mchepe.htm

16. Nat'l Conf. on Chronic Disease Prevention & Control, February 19-21, 2003, St. Louis, MO

The conference will be held at the Millennium Hotel St. Louis, 200 South 4th Street, St. Louis, Missouri 63102-1804. Save the date!

17. Safety in Numbers: Working Together From Research into Practice, April 28-29, 2003, Atlanta, GA

At the Hyatt Regency Hotel in Atlanta, GA. Sponsored by CDC's Injury Center, this conference seeks to bring together researchers and practitioners to strengthen injury prevention. Save the date!

18. National HIV Prevention Conference, July 27-30, 2003, Atlanta, GA.

<http://www.2003hivprevconf.org/>

HEALTH OBSERVANCES/CAMPAIGNS

19. Cool Down For A Healthy Summer

Although every summer we hear about athletes, children, the elderly, and others becoming ill or dying from exposure to heat, this year doesn't have to be the same. You can beat the heat by taking specific steps to protect yourself and others.

<http://www.cdc.gov/nceh/hsb/extremeheat/2002spotlight.htm>

20. Spotlight on Injuries from Fireworks

All fireworks are dangerous, especially to children. In 2000, 11,000 people were treated in U.S. emergency departments for fireworks-related injuries. Children 14 years and younger sustained about 50% of injuries related to fireworks, and boys were hurt twice as often as girls. Typically, three quarters of injuries from fireworks in the United States occur in the days surrounding the July 4th holiday.

http://www.cdc.gov/ncipc/duip/spotlite/firework_spot.htm

21. National Immunization Awareness Month (NIAM), August
Each year, this commemorative month increases awareness about immunization across the lifespan as parents and children prepare for the return to school, and the medical community begins preparations for the upcoming flu season. NIAM provides an opportunity to create positive messages for the media and to highlight local, grassroots immunization initiatives.
CDC Immunization Program Web site - <http://www.cdc.gov/nip/>
National Partnership Web site - <http://www.partnersforimmunization.org/niam.html>

22. World Breastfeeding Week, September 23-27, 2002
This year's WBW theme, Breastfeeding: Healthy Mothers and Healthy Babies, underscores the urgent need to protect, promote, and support the health and well-being of mothers as well as the need to protect, promote, and support breastfeeding, for healthier babies and children.
CDC Web site - <http://www.cdc.gov/breastfeeding/>
World Alliance for Breastfeeding Alliance Web site - <http://www.waba.org.br/>

CDC SPONSORED TRAINING/CONTINUING EDUCATION

23. Epidemic Intelligence Service
The Epidemic Intelligence Service (EIS) is a unique two-year, post-graduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Since 1951, over 2,000 EIS Officers have responded to requests for epidemiologic assistance within the United States and throughout the world. Every year, CDC's Epidemiology Program Office selects 60-80 persons from among the nation's top health professionals to enter the EIS and pursue on-the-job training in applied epidemiologic skills--skills vital to maintenance of public health. EIS Officers continue to play a major role in the implementation of CDC's mission of preventing disease and injury and promoting healthy lifestyles.
Application deadline: September 15.
<http://www.cdc.gov/epo/dapht/eis/index.htm>

24. Working with Communities for Environmental Health, September 12, 1:00-3:00 PM ET
This live, interactive satellite broadcast is designed to provide useful tools that can help professionals improve their ability to effectively address environmental and public health concerns. A question and answer session will enable participants nationwide to pose questions to panelists via toll free telephone, fax, or TTY lines.
<http://www.phppo.cdc.gov/phtn/envedu/>

25. Applied Epidemiology, September 30-October 25

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "International Course in Applied Epidemiology," during September 30-October 25, 2002, in Atlanta, Georgia. The course is directed at public health professionals from countries other than the United States and will include presentations and discussions of epidemiologic principles, basic statistical analysis, public health surveillance, field investigations, surveys and sampling, and discussions of the epidemiologic aspects of current major public health problems in international health. Included are small group discussions of epidemiologic case exercises based on field investigations.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5117a8.htm>

26. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web
Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be on Wednesday, July 10. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site -

<http://www.uic.edu/sph/cade/mchebi/meetings/>

GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

27. Violence Against Women Planning and Implementation [Program Announcement 02125]

The purpose of the program is to: 1. Develop effective and culturally competent initiatives that address VAW issues; 2. Foster effective community collaborations to respond to emerging policy and program issues; 3. Provide an opportunity for state health agencies to take a leadership role in

addressing violence, specifically VAW to ensure these issues are raised to a public health priority within the state; 4. Facilitate the process of seeking data driven solutions to the prevention of VAW by identifying key data elements that provide compelling evidence of the impact of VAW on families and communities and gaps in data collection that can be addressed by traditional and non-traditional sources; 5. Develop a more comprehensive approach to preventing VAW through community collaboration and coalition building. The planning and implementation projects from this funding should address the intersection of risks for violence that cross the different types of violence (for example, child maltreatment as a risk for sexual violence and intimate partner violence, and identifying community approaches to support protective seeking behaviors that prevent subsequent violence); 6. Identify issues and implementation strategies that address specific challenges and barriers to VAW prevention efforts for priority populations such as racial and ethnic populations, gay and lesbian, elderly, rural or other 'hard to reach' populations and women with disabilities; 7. Reduce VAW; and 8. Enhance the capacity of states to implement effective rape prevention and education programs. This program consists of two parts: Part 1: Planning - To assist recipients to: 1) conduct an assessment of the state/territory/tribe's current VAW prevention and intervention efforts, and 2) develop a statewide action plan that addresses their intent and documents strategies to garner support for sustaining and enhancing these activities and efforts that address VAW issues; Part 2: Implementation - To assist recipients, who have developed an action plan that addresses VAW (under CDC Program Announcements 99136 and 00119), to implement priority activities from their action agenda/plan. Part 1: Assistance will be provided only to state health departments or their bona fide agents that have not received funds to support VAW planning activities under the CDC Program Announcements 99136 and 00119, including District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian Tribal Governments. Part 2: Assistance will be provided only to the state health departments or their bona fide agents that have received supplemental funds to support VAW planning activities under CDC Program Announcements 99136 and 00119. Part 1: Approximately \$1.5 million is available in FY 2002 to fund approximately 29 awards. It is expected that the average award will be \$50,000. Part 2: Approximately \$1.5 million is available in FY 2002 to fund approximately 29 awards. It is expected that the average award will be \$50,000. Closing Date: July 12, 2002.

<http://www.cdc.gov/od/pgo/funding/02125.htm>

28. Coalition Capacity Building for Teen Pregnancy Prevention [Program Announcement 02145]

The purpose of this program announcement is to assist recipients to build capacity through the application of science-based principles to prevent teen

pregnancy and promote adolescent reproductive health, including abstinence, and the prevention of STDs and HIV. This will be accomplished through capacity building, including program evaluation. This program announcement contains two components: 1. Increasing Capacity in Teen Pregnancy Prevention through National Organizations, and 2. Increasing Capacity in Teen Pregnancy Prevention through State and Local Coalitions. For the component Increasing Capacity in Teen Pregnancy Prevention through National Organizations, an eligible applicant is a national nonprofit, non-governmental organization proposing to serve coalitions that have a documented history of providing teen pregnancy prevention training and capacity building. Faith-based organizations are eligible to apply for funding under this program announcement. For the component Increasing Capacity in Teen Pregnancy Prevention through State and Local Coalitions, applications may be submitted by State or city coalitions working in teen pregnancy prevention from cities with populations of 500,000 or more (based on 2000 census figures). For the component Increasing Capacity in Teen Pregnancy Prevention through National Organizations, approximately \$500,000 is available in FY 2002 to fund approximately one to three awards. For the component Increasing Capacity in Teen Pregnancy Prevention through State and City Coalitions, approximately \$800,000 is available in FY 2002 to fund approximately three to eight awards. Deadline: July 23, 2002.

<http://www.cdc.gov/od/pgo/funding/02145.htm>

29. Technology Translation and Transfer of Effective HIV Prevention Behavioral Interventions [Program Announcement 02137]

The purpose of the program is to: 1. Support translation of the protocols of effective HIV prevention interventions, whose original research was conducted with methodological rigor and which have not been packaged or widely adopted, into a package of materials that prevention providers can use to implement the interventions in their non-research field situations; and 2. Support development of curricula for training provider agency staff who will implement the intervention and technical assistance guidance manuals for providing technical assistance to future adopters of the intervention. Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, faith-based organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, women-owned businesses. Approximately \$470,000 is available in FY 2002 to fund approximately two awards. Deadline: July 15, 2002

<http://www.cdc.gov/od/pgo/funding/02137.htm>

30. Public Health Conference Support Cooperative Agreement Program for HIV Prevention [Program Announcement 01025]

CDC announces the availability of funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus Prevention. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Approximately \$200,000 is available in FY 2002 to fund approximately 10 to 15 awards. Awards may range from \$10,000 to \$25,000. Letter of Intent Due Date: Cycle IV: July 19, 2002-for conferences January 1-June 30, 2003.
<http://www.cdc.gov/od/pgo/funding/01025.htm>

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CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.